



SCHOOL'S OUT REGISTRATION PACKET 2021-2022 SCHOOL YEAR



**YMCA of the Pines
1303 Stokes Road, Medford NJ 08055**

Phone: 609.654.8225

**Fax: 609.654.8895 Web: www.ycamp.org Email: soregistration@ycamp.org
Tax ID # 21-0635054**

Last Name

First Name

School

Participant's Information

Child's Last Name: _____ First Name: _____ MI: _____

Desired Start Date: ____/____/____ Child's School: _____ Male Female Other/Prefer not to answer

Home Address: _____ Age: _____ Birthdate: _____

City, State, Zip: _____ Grade Entering Sept '20: _____

Student Race: (For reporting purposes) [] White [] Hispanic/Latino [] Black or African American [] Asian [] Pacific Islander [] American Indian [] Two or more races [] Decline response

Please circle your child's school:

Allen

Chairville

Cranberry Pines

Kirby's Mill

Taunton Forge

Nokomis

Neeta

Indian Mills School

Indian Mills Memorial School

Tabernacle Elem

Olson Middle School

Parent/Guardian Information

Parent 1 / Legal Guardian Lives with (circle one): Yes No

Last Name: _____

First Name: _____

Relationship: _____

Address (if different from above) _____

Cell: _____ Home: _____

Email: _____

Parent 2 / Legal Guardian Lives with (circle one): Yes No

Last Name: _____

First Name: _____

Relationship: _____

Address (if different from above) _____

Cell: _____ Home: _____

Email: _____

Has there been a divorce or separation? Yes No **Custody Information**
If Yes, who has custody? _____

Can the joint/non-custodial parent pick-up the child? Yes No

If not, or contact is limited by a court order, you MUST provide appropriate court documentation.

The joint/non-custodial parent should (circle all that apply): Be contacted in an emergency Receive duplicate mailings / invoices

Mailing Address _____ Email: _____

Emergency Contacts / Alternative Authorized Pick-Up (not the parent/guardian)

Emergency Contact #1

Name: _____

Relationship: _____

Cell Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Cell Phone: _____

Medical Questions

Has your child been diagnosed or treated for the following:

- Asthma
- Allergy to Insect Stings
- Allergy to Poison Ivy
- Dietary Needs
- Seizures
- ADD/ADHD
- Allergies
- Spectrum Disorder
- Other _____

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for: _____

Any additional information that may be helpful to us: _____

Please list medications, prescribed or over-the-counter, that your child is currently taking:

PLEASE NOTE: If your child requires medication on-site, such as an inhaler or epinephrine auto-injector, you must complete a Special Care Plan (available in our office and on our website)

Would you like to discuss your child's personal or medical needs with the School Age Child Care Director?

Yes No Best time of day to be contacted: _____

Last Name

First Name

School

Parent/Guardian Statement of Understanding

The following information is important to the safety and protection of your child. Please read this information, and sign where indicated and return with the registration packet(s). Only one Parent/Guardian Statement of Understanding per child is necessary.

- I understand that an adult over the age of 18 must physically walk my child into the program and sign my child in and out each day.
- I understand that I am not to leave my child at the program site unless a YMCA of the Pines staff member is there to receive and supervise my child.
- I understand that the staff and volunteers of the YMCA of the Pines are not allowed to babysit or transport my child at any time outside the YMCA of the Pines program. Immediate disciplinary action will be taken toward the YMCA of the Pines staff or volunteer if a violation is discovered.
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child, including older siblings or other relatives must be listed with the YMCA of the Pines and must be over the age of 18.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police to arrange alternate supervision. Please do not put staff in a position where they have to make this decision.
- I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I will monitor YMCA of the Pines volunteer and staff interactions with my child and ask my child specific questions about program activities and YMCA of the Pines staff and volunteer relationships with my child.
- I understand that the YMCA of the Pines is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA of the Pines discourages the use of electronic equipment during program time. The YMCA of the Pines will not be responsible for any lost, damaged or stolen property.
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand in the case of an emergency, my child may be taken to the hospital and treated by emergency room physicians.
- I have received, read and understand the School's Out Program Parent Handbook and agree to all the policies contained therein.
- The YMCA of the Pines has permission to use any photos, voice recordings or videos taken of my child for any and all promotional purposes.
- My child is in good health and can participate in the normal activities of the program.
- I agree to follow the School's Out Payment Policies.

Parent/Guardian Name
(Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Please be advised that YMCA of the Pines will attempt to provide childcare for all of our participants. However, we do not have the resources to provide individualized, one-on-one supervision.

Last Name

First Name

School

PARENT RECEIPT OF INFORMATION

Dear Families:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent/guardian of a child enrolled in our program, with the information contained in the School's Out Family Handbook. Additionally, it is available to download at ycamp.org.

By checking each box and signing below, you acknowledge that you have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families which is located in the School's Out Family Handbook, as well as the information specified below.

Information to Parents Document

Policy on the Release of Children

Positive Guidance and Discipline Policy

Policy on Methods of Parental Notification

Policy on Communicable Disease Management

Expulsion Policy

Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name(s): _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Last Name

First Name

School

YMCA OF THE PINES PROGRAM WAIVER

YMCA of the Pines conducts its programs with the best interests of all participants in mind. The YMCA of the Pines attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA of the Pines are designed to further the educational, motivational and charitable objectives of the YMCA of the Pines. Nonetheless, participants must understand that some of the activities may involve inherent risks and hazards for which the YMCA of the Pines cannot be held responsible. Because of the nature of activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the YMCA of the Pines cannot be held responsible in the event that injury occurs.

I, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from my participation in the registered program at YMCA in the Pines. This expressly includes, but is not limited to, claims relating to bodily injury, personal injury, illness, death, or property damage, among other claims. I, release and forever discharge YMCA of the Pines from all liability, claims, demands, of whatever nature, either in law or in equity, which arise or may hereafter arise from any first-aid treatment or other medical services rendered in connection with, or as a result of, my participation in the registered program at YMCA of the Pines. Nothing herein shall be construed as waiving any rights, benefits, or entitlements any employees or agents of YMCA of the Pines may have pursuant to the New Jersey Good Samaritan Act, *N.J.S.A. 2A:62A-1*.

I represent that I know of no legal, physical or health reason why the participating minor cannot fully participate in the registered program. By signing this waiver, I am stating that the participating minor is physically and psychologically fit and prepared for the registered program, and if at any time I have any doubts as to whether this is true, I agree to stop participating in the registered program immediately and inform YMCA of the Pines. YMCA of the Pines is committed to providing access and reasonable accommodations for individuals with disabilities. If you think you may need an accommodation to participate in the registered program, please contact Greg Keresztury, Director of Operations, at 609-654-8225.

I waive and expressly grant YMCA of the Pines full rights to copyright, exhibit, and publish in any medium including but not limited to editorial, illustration, promotion, advertising, Internet, or trade all photographic images and video or audio recordings taken by YMCA of the Pines and its agents of the participating minor while participating in the registered program. I agree to receive marketing information via email about YMCA of the Pines programs, including the specific program for which I and/or my child/children am registered.

I understand that nothing in this Program Waiver shall be construed as waiving any of YMCA of the Pines' rights, benefits, or entitlements pursuant to the New Jersey Charitable Immunity Act, *N.J.S.A. 2A:53A-7*. I understand that this Program Waiver is intended to be as broad and inclusive as permissible by the laws of the State of New Jersey. I also understand that this Program Waiver shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

By signing this Program Wavier, I certify that I am 18 years of age or older, or that I am the legal guardian and/or parent of the minor intending to participate in the registered program, with authority to complete this Program Waiver on said minor's behalf. If I am signing for a minor, all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments and certifications apply equally to such minor. By signing this Program Waiver on behalf of a participating minor(s), I expressly give permission for the participating minor(s) to be transported for approved program activities.

By signing the Program Waiver on behalf of a participating minor(s), I affirm that I have read, understand and agree with the entirety of the School's Out Family Handbook, and I have reviewed the Handbook materials with my participating minor child.

Signature of Applicant/Parent

Date

Print Name of Child in Program

Print Name of Applicant/Parent

Date

Last Name

First Name

School

MEDICATION PERMISSION SLIP

Child's Name _____

Parent/Guardian Signature _____

Date _____

Will your child need any medication while in the School's Out program? _____ YES* _____ NO

*If checked YES, please provide the information below.

I (parent/guardian), _____, give permission to the School's Out staff to administer the following prescription medicine to the above named child in accordance with the directions provided by the doctor and parent(s).

Prescription medication must be in the original container with the complete pharmacy label attached. Non-prescription medication must be in its original container. All medication must be accompanied by a doctor's note indicating dosage and when to be administered. The parent or a healthcare professional designated by the parent must instruct the staff on the proper use and administration of the medication. Please indicate if the child has permission to self-administer medication with the oversight of the School's Out staff. The medication must be handed to the Site Supervisor and not left in the possession of the child. It is requested that only one School's Out day's dosage of medicine be at School's Out at any one time. (See medication information on pages 10-11 of your Family Handbook.)

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

To be self-administered with the supervision of School's Out staff: ___ yes ___ no

Any special reactions to be aware of?

Name of medicine: _____

Dosage to be given: _____

Time to be given: _____

Any special reactions to be aware of?

Last Name

First Name

School

Child's Name _____

Behavior Questions to Help us Provide the Best Possible Care for Your Child

The questions that follow are designed to help us get to know your child better, so we can provide the best possible care to ensure your child's success in our program. Our priority is ensuring that all School's Out participants enjoy a safe atmosphere in which they can continue to learn, develop, and grow while not in school. Our before and after school programming is so much more than childcare, rather, it is value-added care – so please help us to ensure that we can best support your child in our program. Finally, please note that completion of the questions below is voluntary, and will not have any bearing on your child's enrollment in our program.

Does your child have an Individualized Education Program (IEP), 504 Plan, or 1:1 assistant at school?

- No IEP 504 1:1 assistant

If so, do you agree to share a copy of the IEP/504 with our School Aged Childcare Director ("Director")? (Provision of the IEP/504 is up to the discretion of legal guardian.)

- Yes No If yes, please sign: _____

If you are not comfortable sharing the IEP/504, may our Director reach out to you to discuss how your child can be successful in our program and how we can best support your child?

- Yes No

Are there any other behavioral concerns of which we should be aware to best support your child in our program?

Last Name

First Name

School

**WAIVER AND ACKNOWLEDGEMENT
OF REPORTING OF SYMPTOMS BETWEEN YMCA OF THE PINES
AND THE HOST SCHOOL**

In the event that your child is unable to attend the School's Out program in the AM due to illness (either an illness you report, or if the child is sent home for displaying symptoms of illness and/or COVID-19), we will report to the host school that the child was sent home and/or denied access to the program. The rationale for the decision, including the specific symptoms displayed and/or reported, will be shared with the host school as well.

Further, in the event your child is sent home during the school day by the host school for illness and/or symptoms of illness, the host school will report to YMCA of the Pines that your child was sent home, and the rationale for the decision, including the specific symptoms displayed and/or reported.

I hereby acknowledge and agree to the following:

Medical information that I provide to YMCA of the Pines will be shared with the host school and/or district.

If my child is absent from the School's Out program because of illness, YMCA of the Pines will share that information with the host school and/or district.

If my child is prohibited from attending the AM School's Out program due to illness and/or experiencing symptoms of COVID-19, YMCA of the Pines will share that information with the host school and/or district, along with the symptoms displayed.

If my child is prohibited from attending the PM School's Out program due to illness and/or experiencing symptoms of COVID-19, YMCA of the Pines will share that information with the host school and/or district, along with the symptoms displayed.

If my child is sent home from the School's Out program (AM or PM) at any point for medical reasons, and/or for experiencing symptoms of COVID-19, YMCA of the Pines will share that information with the host school and/or district, along with the symptoms displayed.

If my child is absent from school because of illness, the host school and/or district will share that information with YMCA of the Pines.

If my child is prohibited from attending school due to illness and/or experiencing symptoms of COVID-19, the host school and/or district will share that information with YMCA of the Pines, along with the symptoms displayed.

If my child is sent home from school at any point for medical reasons, and/or for experiencing symptoms of COVID-19, the host school and/or district will share that information with YMCA of the Pines, along with the symptoms displayed.

Student Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Last Name

First Name

School

**SCHOOL'S OUT PROGRAM
CREDIT CARD AUTHORIZATION CHARGE FORM**

(Check spelling for accuracy)

Child's First Name

Child's Last Name

Name: 1) _____
2) _____
3) _____

Home Address: _____

School: _____ **Home Phone:** _____

Yearly Registration Fee: \$ _____ + **1st month's Fees:** \$ _____ = **Total of Initial Charge:** \$ _____
(total of registration fee + monthly amount)

Payments for the month of September will be charged upon registration of your child in our system, and may be charged in advance of August 25.

Credit Card Type: Amex Discover MC Visa **Exp. Date:** _____ **Sec. Code:** _____

Card # _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Terms and Conditions:

1. I understand that these monthly payments will be charged each month through May 2022.
2. I understand that if I wish to terminate or change my payments in any way, I must give the YMCA of the Pines 14-day written notice.
3. Should any payment not be honored for any reason, I am still responsible for the payment plus any service charges that may be applied by The Y.
4. Payments will be processed on the 25th day of each month unless the 25th is a weekend or holiday. In such an instance, the payment will be processed the next business day. The amount owed for January 2022 payment will be charged on December 20, 2021.
5. Monthly statements will not be mailed. If you would like a statement, please contact YMCA of the Pines. Please be aware that monthly tuition is not based on the number of days each month that your child may be attending. **Tuition is an annual cost that is paid in 10 equal monthly payments that account for 180 days of school, scheduled half days and scheduled two hour delays.**

I, _____, have read and understand the terms and conditions and hereby give authority to YMCA of the Pines to charge my charge card indicated above for monthly tuition payments. Additionally, I authorize YMCA of the Pines to charge the charge card indicated above for any extra services (i.e. drop in fees, late pick-up fees, etc...) that may be incurred during the school year.

Cardholder's signature: _____ **Date:** _____